

153

See while with each local Registrar No. 10 days after birth

PLACE OF BIRTH

County of Gila
 District of Globe
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. State Index No. 103
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 161
 Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } Born } YES
 } Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>7 8</u> 191 <u>3</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Milton S. Ray</u>			Full Maiden Name <u>Anna E. Mickelson</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color or Race <u>White</u>		Age at last Birthday <u>21</u> (Years)		Color or Race <u>White</u>	
Birthplace <u>Deming N. Mex.</u>		Age at last Birthday <u>19</u> (Years)			
Occupation <u>Carpenter</u>			Birthplace <u>Spanish Fork Utah</u>		
Occupation <u>House wife</u>			Occupation _____		
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>0</u>		Were precautions taken against Ophthalmia neonatorum? <u>no</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 7-8 1913, at 5 AM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. Snyder M.D.
 (Attending physician, midwife, householder)

Given or christian name added from a _____
 Address Miami Ariz.

supplemental report _____ 1913

Filed 7/16 1913
 Filed 8/5 1913

A True Copy
B. G. Fox
 LOCAL REGISTRAR.
B. G. Fox M.D.
 COUNTY REGISTRAR.

098-728-115
 COUNTY REGISTRAR.